Application or Docket Number

Effective October 1, 2003 1070 9543													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
T	OTAL CLAIMS	;	16.					RATE FEE		7	RATE	FEE	
FC	OR		NUMBER FILED		NUMBER EXTRA		BA	SIC FE	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	// minus 20=		· 0			XS 9=		OR	X\$1.8=		
IN	DEPENDENT C	LAIMS	3 minus 3 =		0			X43=		1	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT										OR		·	
* If the difference in column 1 is less than zero, enter "0" in column 2							L_	145= OTAL		OR	+290=		
CLAIMS AS AMENDED - PART II									<u> </u>	OR	TOTAL	770	
	2/2/06	s	MALL	ENTITY	OR	OTHER SMALL I							
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 16	Minus	**	20	=	7	(\$ 9=		OR	X\$18=	-	
	Independent	٠ ح	Minus	***	<u>ح</u>	=	7	(43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=) (T	+290=		
TOTAL OR TOTAL													
ADDIT. FEE											ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST IER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		= .	×	\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	X	43=		OR	X86=		
Q.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
+145= TOTAL										OR	+290= TOTAL		
								IT. FEE		OR ,	ODIT. FEEL		
		(Column 1)		(Colum		(Column 3)							
AMENDMENT C	•	REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	\$ 9 =		OR	X\$18=		
	Independent	•	Minus	***		= '	×	43=		. 1	X86=		
긔	FIRȘT PRESE	NTATION OF MU	LTIPLE DE	PENDENT	CLAIM		-			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
!	the "Highest Nur f the "Highest Nur	nber Previously Pai nber Previously Pa ber Previously Paid	id For IN THI id For IN THI	S SPACE is S SPACE is	less than less than	20, enter "20." n 3, enter "3."	ADDI	T. FEE			TOTAL DOIT. FEEL mm 1.		